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CENTRAL FAX CENTER

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Serial No. 10/608,327

First Named Inventor: Narayan

Title: Optical Transmitters

Filed: June 27, 2003

TC/AU: 2828

Examiner: Tuan Nguyen

Docket No.: 20002/14260

) I hereby certify that this correspondence is
) being facsimile transmitted to the United
) States Patent & Trademark Office, Fax No.
) (571) 273-8300
) on this date:
)
)

Dated: September 7, 2006



Mark C. Zimmerman

Registration No. 44,006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO THE OFFICE ACTION DATED JUNE 19, 2006
AND EXAMINER CORRESPONDENCE SUMMARY

Dear Sir:

Please enter the following amendments and consider the following remarks.

The Status of the Claims is reflected in the listing of claims that begins on page 2 of
this paper.

Remarks begin on page 5 of this paper.



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September 7, 2006

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CENTRAL FAX CENTER**SEP 07 2006****FACSIMILE TRANSMISSION SHEET**

TO: Mail Stop Amendment
U.S. Serial No. 10/608,327
Applicant: Narayan
Examiner: Tuan Nguyen

CLIENT NO.: 20002/
MATTER NO.: 14260
COUNTRY CODE:
EXTENSION:

FAX NO.: 571-273-8300**FROM:** Mark C. Zimmerman

PAGES: 9
(INCLUDING THIS PAGE)

PLEASE CONFIRM RECEIPT: X

MESSAGE: Please see the attached Response to Office Action dated June 19, 2006. Also please confirm receipt of this document.

Please contact Delia Dominguez at (312) 580-1020 if you do not receive all of the pages in good condition.

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beyondINNOVATION

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1. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
☐ Small entity status has been established and is still effective.
☐ Has not been established.

2. Fee for Claims

- ☒ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	6	MINUS	26	= 0	x25=	\$	x50=	\$0
INDEP.	1	MINUS	5	= 0	x100=	\$	x200=	\$0
First Presentation of Multiple Dependent Claim					+180=	\$	+360=	\$0
TOTAL ADDITIONAL FEE						\$	OR	\$0

3. Method of Payment of Fees

- ☐ Attached is a check in the amount of: \$ _____
- ☐ Charge Deposit Account No. 50-2455 in the amount of: \$ _____

A copy of this Transmittal is enclosed.

4. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC
USPTO Customer No.: 44,006
20 North Wacker Drive
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By:



Mark C. Zimmerman
Registration No.: 44,006

September 7, 2006